



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES TUESDAY, July 19, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Marugg, Jim – S.D. Co. Paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Program

County Staff

Smith, R.N., Susan – EMS
Stepanski, Barbara – EMS

Recorder

Wolchko, Janet I.

Associate Members

Broyles, R.N., Linda – RCCP/AMR
Foehr, Rick – EMSTA College
Hudnet, Carlen – Rural Metro Ambulance
Lemir, Harold – S.D. Fire Department
Murphy, Mary – CSA-17 Fire Department
Niebla, Ruben - Viejas Fire Department
Ochs, R.N., Ginger – S.D. Fire Department
Rice, Mike - AMR
Roach, R.N., Lori – Escondido/San Marcos Fire
Russo, R.N., Joe – Rural Metro
Sullivan, Don - AMR

Guests Present

Aker, Donna Kelly – UCSD ROC
Bourdon, R.N., Darlene – Scripps Mercy
Camp, D.O., Jake – UCSD (Navy ER Resident)
Dotson, R.N., Melody – UCSD
Graydon, R.N., Cheryl – Palomar Medical Ctr.
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Lemieux, M.D., Justin – UCSD Resident

Ninberg, Lori – Rady Children's Hospital
Rosenberg, R.N., Linda – Sharp Memorial
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Sapida, Juliet – UCSD
Serra, M.D., John - UCSD

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M. D., Chair called the meeting to order at 11:04 a.m.

II. APPROVAL OF MINUTES

A motion was made by Dr. Madati to approve the minutes of May 17, 2011 as submitted.
Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Field early recognition of patients contaminated with hazmat type substances. It is important to notify hospitals early of patients that may be contaminated with hazmat substances. Hospital staff need as much time as possible to determine the patient's medical treatment and evaluate the potential for contamination of the emergency department (ED). Hazmat substances include tear gas and pepper spray.

Offload Delays. The on call EMS Duty Officer should be notified after discussion with the hospital if offload delays are prolonged over 30 minutes or involve multiple units which is impacting the system.

Burn Surge Plan. The burn surge plan will develop a process to prepare for a large scale event where patients have received a significant amount of burns, such as during a terrorist incident. The plan will focus on the most severely injured and include the trauma centers and 911 receiving hospitals.

Flu season. Vaccine orders and vaccination plans should be reviewed. It is recommended to be vaccinated every year.

Glove use. Gloves that may become contaminated by blood or body fluids should be changed before transport once the patient is stabilized and when the patient is transferred at the hospital. Cleaning hands before glove placement is recommended.

The Emergency Nurses Association released standard metrics to evaluate emergency department crowding. The document is available at <http://www.ena.org/media/PressReleases/Pages/ReduceEDCrowding>.

BLS providers. A letter was sent out a few months ago as a reminder that BLS providers should be aware of rules and notifications regarding code 3 response. Continue to report issues to County EMS.

ALS transport numbers were down in June; the number of patients that bypassed the hospital was up. The total number of hours on bypass remained the same.

Explosive devices. Dr. Jim Dunford attended a CDC conference in New York on explosive devices and medical care. The CDC will be presenting the program locally on December 12, 2011. It will involve individuals from cities all over the world, including cities where they have had terrorist bombings, and will review medical care and how to process patients.

Fire season. As fire season approaches there will be information sent out to the EDs regarding rhabdomyolysis and fire fighters.

State EMS is close to releasing proposed regulations and changes for the next year. Information will be provided to the group as it is released.

Asthma. At the last meeting there was discussion regarding using epinephrine with asthma patients. Information on administering epinephrine to a patient that has severe asthma will be considered next year when reviewing the treatment protocols.

Base contact on acute patients. When an acute status patient is being transported to a base hospital, the paramedics should call that base so there is no delay of information.

Communicating and sharing patient information. Most of the hospitals have electronic records. One of the advantages is to have access to a patient's record and accurate information on the patient. Identifying a patient could include their full name, number, month and date for common names and possibly a hospital medical record number. The concern is how to address the confidentiality issue. Patient consent release forms and an agreement between hospitals to share medical record information were discussed.

ART. Dr. Haynes talked with Dr. Davis regarding the latest hospital version of the ART training program. Discussion was on comparison and flexibility with ALS training, PI and QI programs which are evidence and consensus based. Dr. Haynes will continue to work with Dr. Davis on comparisons and flexibility with the training programs.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

San Diego Healthcare Disaster Council meets tomorrow.

The current project is the California Shakeout drill scheduled for October 20, 2011. The Statewide Exercise will be in November.

There is a focus on pediatric surge which is consistent with the drill that was conducted in May. One of the items reviewed will be the influx of pediatric patients to the hospitals and hospitals readiness during a disaster.

V. STEMI SYSTEM REPORT (Barbara Stepanski)

Barbara Stepanski provided a presentation of the San Diego County STEMI Receiving System 2010 Report.

In 2003, EMS and local healthcare recognized a need for a STEMI system. An advisory panel was convened in 2005 to start the development of the program. In October 2006, 13 hospitals were designated as STEMI receiving centers (SRCs). The STEMI system started on January 16, 2007.

The 13 receiving centers submit data to EMS on 911 patients as to interventions performed, dates and times, length of stay, patient outcomes, field ECG; and linked the information into the QCS/PPR data.

Quality indicators developed at the beginning of the system were:

- Date of submission compliance
- 12-lead ECG protocol compliance
- ED confirmation of STEMI
- Door-to-balloon time
- Door to first device time
- Field 12-lead ECG-to-balloon time
- Outcomes

The committee also suggested collecting data on administration of drugs and staffing cath labs after hours.

Dr. Haynes thanked Barbara Stepanski for her work with the prehospital system, the medics and the staff at the hospitals.

VI. PEDIATRIC TRANSFERS (Jamil Madati, M.D.)

Dr. Madati introduced Ann Layman as the Children's Hospital Emergency Transport (CHET) program manager and Lori Ninberg as the nurse manager.

CHET is a resource that can be called for a transport, consult or advice. CHET should be the primary contact if you have an emergent sick pediatric patient at your hospital. If you are unable to reach a CHET tech coordinator, and you are still concerned with moving that patient out of the ER, contact CCT.

The CHET team is completely trained and equipped to handle trauma patients. There was discussion on post traumatic head injury patients and if those cases are CHET or 911 call cases. A patient with penetrating trauma that needs to go to the OR should be transferred as quickly as possible. That may involve 911 for the benefit of the patient.

BSPC members inquired about a list of pediatric potential diagnoses to refer to. Dr. Madati will provide a list of potential diagnosis that can be posted in the hospital ERs.

The Children's Hospital website has information regarding brochures and handouts on CHET.

VII. ROC UPDATE (Donna Kelly Aker)

The PROPHET trauma registry regulations are complete.

The Cardiac arrest registry, referred to as EPISTRY, is ongoing with city and county agencies.

ROC is on track to start the Amiodarone, Lidocaine and Placebo Study (ALPS) in the fall.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no additional items for discussion.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be September 20, 2011, 11:00 a.m. at Sharp Spectrum, 8695 spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:00 p.m.